CLAIM FOR REIMBURSEMENT
Office of Finance and Management
Department of Education
700 Governors Drive
Pierre, SD 57501-2291
Phone: 605-773-3248   Fax: 605-773-6139

SCHOOL BREAKFAST PROGRAM
SPECIAL MILK PROGRAM
July 2006 through June 2007

FOR CANS USE ONLY

Claim for Month of _____ Yr_____

Local Agency Name _____

Mailing Address _____

Town _____State _____ Zip _____

Phone No. _____ FAX: _____

Site Type: (School or Milk)   (Milk only)
☐ School - Public   ☐ Non- RCCI
☐ School - Private   ☐ Camp
☐ RCCI   ☐ Homeless

Check one: (   ) Original   (   ) Revision

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1. School Breakfast Program   Regular Breakfasts

Enrollment_____*ADA _____*ADP _____
Number of Centers _____# Days Served_____
Approved Free _____Approved Reduced _____

Severe Need Breakfasts

Enrollment _____ *ADA _____ *ADP _____
Number of Centers _____ # Days Served _____
Approved Free_____ Approved Reduced _____

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2.   Meals x Rate of Reimbursement = Breakfast Reimbursement

REGULAR BREAKFAST

Regular Paid	(a) _____	x	(b) ___.24___	=	(c)	$ _____
Regular Free	(d) _____	x	(e) ___1.31___	=	(f)	$ _____
Regular Reduced	(g) _____	x	(h) ___1.01___	=	(i)	$ _____
Seamless Summer Breakfast	(j) _____	x	(k)___1.31___	=	(l)	$ _____

SEVERE NEED BREAKFAST

Severe Need Paid	(m) _____	x	(n) ___.24___	=	(o)	$ _____
Severe Need Free	(p) _____	x	(q) ___1.56___	=	(r)	$ _____
Severe Need Reduced	(s) _____	x	(t) ___1.26___	=	(u)	$ _____
Seamless Summer SN Breakfast	(v) _____	x	(w) ___1.56___	=	(x)	$ _____

TOTAL BREAKFAST REIMBURSEMENT   (c +f +i +l +o +r +u +x)   = $ _____

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3. (a) Number of Food Service Employee meals   Breakfast _____
   (b) Number of Adult meals (excluding those counted in (a))   Breakfast _____
   (c) A la Carte & Second Meal Equivalency   Breakfast _____

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4. GENERAL INFORMATION - SPECIAL MILK PROGRAM

Approved Free _____   Enrollment _____   # of Days Served_____   # of sites_____

Meals x Rate of Reimbursement = Special Milk Reimbursement

5.   SPECIAL MILK PROGRAM

(a) Regular Rate *   (a1)_____ x (a2)___.145___ = (a3) $ _____
(b) Average Cost Rate **   (b1)_____ x (b2)_____ = (b3) $ _____

TOTAL SPECIAL MILK REIMBURSEMENT CLAIMED   (a3 + b3) = $_____
* Applies to Nonpricing, Option 1 and regular priced milk Option 2.
** Applies to Free milk Option 2 only.

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6. TOTAL REIMBURSEMENT   (Total from Part 2 & Part 5) $_____

I hereby certify that to the best of my knowledge and belief this Claim for Reimbursement is true and correct in all respects; that records are available to support the claim; that it is in accordance with the terms of the existing agreement; and that payment has not been received.

By _____Title _____ Date _____
            Authorized Representative

All receipts, invoices and other evidence of purchase must be retained for 3 years plus current year for future audit. All claims must be on a calendar month basis except for months when meals are served for ten days or less.

ATTENTION: ALL CLAIMS ARE DUE IN THE OFFICE OF FINANCE AND MANAGEMENT ON / BEFORE THE <u>TENTH</u> OF THE FOLLOWING MONTH FOR WHICH A CLAIM IS BEING SUBMITTED.

DISTRIBUTION: ORIGINAL or fax to Office of Finance and Management; A **copy** is to be retained for agency's file.   (Revised 7/06)

A claim is usually sent to Office of Finance and Management for each month of program operations. However, if the first or last month of Program operations for any year contains 10 operating days or less, that month may be combined with the Claim for Reimbursement for the appropriate adjacent month. However, June and July cannot be combined due to separate reimbursement rates for different fiscal years.

ADA (**Average Daily Attendance)** is the total number of children who attend the site during the month divided by the number of days in service for the month (round up to next highest whole number). ADA can never be less than ADP. To calculate the Average Daily Attendance (ADA) on the NSLP Claim for Reimbursement, these steps should be followed for each site each month:

Step 1. At the end of each day, determine the number of different children who attended that day.

Step 2. At the end of the reporting month, add the daily attendance totals. This figure is the total monthly attendance.

Step 3. To determine the ADA, divide the total monthly attendance by the number of days in session.

The following is an example of a sample worksheet for calculating ADA:

Date	Daily Attendance
Jan 3	125
Jan 4	130
Jan 5	135
Jan 6	128
Jan 9	127
Jan 10	136

Total Monthly Attendance	=	781
Divided by Days in Session ÷		6
ADA	=	130.16

Always round up to the nearest whole number when calculating the ADA. In the example above, the 130.16 = 131.

The local agency claim form must indicate the grand total ADA by adding together the ADA for each site.

ADP (**Average Daily Participation)** is calculated by using the total number of children's lunches and divide by the number of days served. For example, if 1200 lunches were served over 20 days for the month; your ADP would be: 1200 divided by 20 = 60 children. Round up to next highest whole number. ADP can never exceed ADA.

Approved Free is the children from a household that has a completed application which meets the income eligibility guidelines for free meals. In Snacks (section 4) do not include children at area eligible sites. They are included in the Area Eligible Enrollment line.

Approved Reduced is the children from a household that has a completed application which meets the income eligibility guidelines for reduced price meals.

Enrollment is the number of children whose parent or guardian has submitted to your institution a signed document which indicates that the child is enrolled. Enrollment in "Area Eligible Sites" needs to be included in total sites and, also, reported separately for supplements

Number of Attendance Centers is the number of attendance centers in a School Food Authority, as reported to DOE, which participate in food service.

Number of Days Served is the number of days food service operated this calendar month. If the preceding or following month operates 10 days or less, it may be combined with the current month.

Seamless or Seamless Summer is the meals the agency has been approved to operate in the summer at the free rate for eligible sites.

Site Type is one of three: (1) School-Public, (2) School-Private, or (3) RCCI-Residential Child Care Institution.

ROUNDING FOR ADA & ADP: Round decimals up to the next whole number.

Example:		
	222 ÷ 20 = 11.10 = 12	
	230 ÷ 20 = 11.50 =	

Section 2 — Breakfast

"Regular" Breakfast programs are those sites which served less than 40% free and reduced lunches in the second preceding year or have elected to participate in the "Regular" Breakfast program.

"Severe Need" Breakfast programs are those sites which served 40% or more free and reduced lunches in the second preceding year, and who have elected to participate in the "Severe Need" Breakfast Program. In (a) and (m) record the number of regular/severe need breakfasts served to children in paid category during the month. In (d) and (p) record the number of regular/severe need breakfasts served to children in the free category during the month. In (g) and (s), record the number of regular/severe need breakfasts served to children in the reduced price category during the month, In (j) and (v), record the number of regular/severe need breakfasts served to children in during the seamless summer program. These meals are to be multiplied by the current reimbursement rate (round to 2 decimals). For the total reimbursement for breakfast add lines (c), (f), (i), (l), (o), (r), (u) and (x).

Section 3 — Adult Meals/Equivalencies

(a)   record the number of lunches served to food service employees only.
(b)   record all other paid and free lunches served to adults (excluding those counted in (a)).
(c)   record all sales of individual food items and second full meals to students. Equivalents are most frequently determined by dividing total sales by the amount of a full price adult meal. For example:
$200 ÷ $3.50 = 57 meals.

Section 4 — Special Milk Program

(a) record the number of half pints (cups) of milk served to children to be claimed at the regular rate. This applies to
- nonpricing programs
- pricing Option 1 programs
- milk served to children who are not eligible for free milk in pricing option 2.

(b) record the number of half pints (cups) of milk served to children eligible for free milk under pricing option 2 programs.
(b2) record the average price of milk per half-pint the school pays for milk program for this month.

Section 6 — Total Reimbursement

Total reimbursement is the sum of reimbursement in Sections 2 and 5.

Sign and Submit

Complete edit checks. Date and Sign with an original signature. A signed faxed copy is acceptable. A second (hard) copy is not needed. Keep an office copy if the original is mailed.

CLAIMS received after sixty (60) days or revisions received after ninety (90) days from the last day of the month being claimed will not be approved for payment.

If an exception is needed, contact Office of Finance and Management. Exceptions can be granted only once in a 3-year period.

The agency may have the right to appeal if a claim is denied. Appeal rights and the process are included in the School Lunch Program agreement.

USDA is an equal opportunity provider and employer.